

Robin Carnahan Secretary of State  
2012 ANNUAL REGISTRATION REPORT  
NONPROFIT

File Number:  
N00994664  
Date Filed: 02/14/2013  
Jason Kander  
Secretary of State

\* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 08/31/2012

N00994664  
Ministerios El Jordan  
Eliud H Villatoro  
212 N. Main St.  
Carthage, MO 64836

ORGANIZED UNDER THE LAWS OF:  
Missouri

PRINCIPAL PLACE OF BUSINESS OR  
CORPORATE HEADQUARTERS:

1 1705 S. Baker Blvd.  
STREET  
Carthage Mo. 64836  
CITY/STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐

The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW  
REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐

The new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT  
ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW.

PRES Eliud H. Villatoro O.  
STREET/RT 905 Valley St  
CITY/STATE/ZIP Carthage Mo. 64836  
V-PRES [Signature]  
STREET/RT 905 Valley St  
CITY/STATE/ZIP Carthage Mo. 64836  
SECY Edgar P. [Signature]  
STREET/RT 1344 Robin Lane  
CITY/STATE/ZIP Carthage Mo. 64836  
TREAS Esan [Signature]  
STREET/RT 406 Walnut Apt #3  
CITY/STATE/ZIP Carthage Mo. 64836

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT  
ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW.

NAME Genaro Cifuentes  
STREET/RT 737 Limestone  
CITY/STATE/ZIP Carthage Mo. 64836  
NAME Dennis [Signature]  
STREET/RT 508 Olive  
CITY/STATE/ZIP Carthage Mo. 64836  
NAME Edy [Signature]  
STREET/RT 212 North Main  
CITY/STATE/ZIP Carthage Mo. 64836  
NAME  
STREET/RT  
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

The undersigned understands that false statements made in this report are punishable for the crime of making a false  
declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here

(Required)

Please print name and title of signer:

NAME

TITLE

REGISTRATION REPORT FEE IS:

\$15.00 If filed on or before 8/31  
\$20.00 If filed after 8/31

Corporation will be administratively di  
filed by November 30.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE,  
LIC DOCUMENT AND ALL  
JECT TO PUBLIC DISCLOSURE

State of Missouri  
Annual Report Priority - NonProfit 1 Page(s)



T1304520017

T1300301523

T1234602094

WILL BE REJECTED

1366, Jefferson City, MO 65102

REQUIRED INFORMAT

RETURN COMPLETED REGIST

p. 20